

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045551

FILED  
May 08, 2012  
Secretary of State

**Entity Name:** INTERNATIONAL PHYSICIANS RESEARCH, LLC

**Current Principal Place of Business:**

20601 EAST DIXIE HIGHWAY  
SUITE 330  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20601 EAST DIXIE HIGHWAY SUITE 330  
SUITE 330  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 20-8941649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FODIMAN, TODD  
1111 BRICKELL AVENUE  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LOZMAN, PHILIP  
Address: 4701 MERIDIAN AVENUE, STE. 601 ADAMS  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR  
Name: SHER, JERRY  
Address: 4701 MERIDIAN AVENUE, STE. 601 ADAMS  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR  
Name: HIDALGO, ANDRES  
Address: 4701 MERIDIAN AVENUE, STE. 601 ADAMS  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR  
Name: COHEN, DANIEL  
Address: 21150 BISCAYNE BLVD., SUITE 302  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PHILIP LOZMAN

MGR

05/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date